



Standard Operating Procedure
 Bureau of Land and Water Quality
 Attachment B
 Date: April 20, 2006
 Revised: February 1, 2012
 Doc Number: DEPLW0768

Visual Monitoring Form

Facility Name: _____ Sampler's Name: _____
 Facility Address: _____ MSGP Permit Number: _____

 _____ 72 Hours Since last Measurable Storm? Yes No

Measurable Discharge from outfall? Yes No

Outfall Number						
Observation Time						
Est. Time from Onset of Runoff						
Discharge Type (rain, snow melt or ice melt)						
Sample Volume (ml)						
Color						
Odor						
Clarity						
Floating Solids*						
Settled Solid*						
Suspended Solid*						
Foam						
Oil Sheen						
Possible Source of Any Observed Contamination						

*Enter a description of corresponding criteria for each outfall in the General Comments section of this document.

Under penalty of law I certify that these statements are true and correct pursuant to the terms and conditions stated in the MPDES Multi-Sector General Permit for Stormwater Discharges Associated with Industrial Activity.

Sample's Signature: _____ Date: _____



General Comments

In the comments section, enter physical description of floating, settled, and suspended solids for each outfall sampled. Enter general comments on the condition and appearance of each outfall in the comments section also as indicated in the instructions.

Outfall 1	<u>Comments:</u> _____ _____ _____ _____ _____
Outfall 2	<u>Comments:</u> _____ _____ _____ _____ _____
Outfall 3	<u>Comments:</u> _____ _____ _____ _____ _____
Outfall 4	<u>Comments:</u> _____ _____ _____ _____ _____
Outfall 5	<u>Comments:</u> _____ _____ _____ _____ _____
Outfall 6	<u>Comments:</u> _____ _____ _____ _____ _____